

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **41229**

FILED JAN 8 1951

| | | | | | | | |
|--|----------------------------------|---|--|---|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. 159 | | PRIMARY REG. DIST. NO. 5591 | | Registrar's No. 77 | |
| 1. PLACE OF DEATH a. COUNTY Jefferson | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St Louis | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Hillsboro, Mo. | | c. LENGTH OF STAY (In this place) Central | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Shrewsbury | | 4561 1 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 4 Mile North of Hillsboro, Mo. | | | | d. STREET ADDRESS (If rural, give location) 4236 Lenox Avenue | | | |
| 3. NAME OF DECEASED (Type or Print) BYRON | | a. (First) WARD | | c. (Last) CORDES | | 4. DATE OF DEATH (Month) (Day) (Year) DECEMBER 24, 1950 | |
| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | | 8. DATE OF BIRTH AUGUST 1st, 1911 | | 9. AGE (In years last birthday) 39 If under 1 year: Months Days If under 1 hr. Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) ORTHODONTIST | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) CROOKSTON, MINNESOTA | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME GEORGE CORDES | | 13b. MOTHER'S MAIDEN NAME RAE MATHESON | | 14. NAME OF HUSBAND OR WIFE DOROTHY NEWMAN CORDES | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-12 | | 16. SOCIAL SECURITY NO. NONE | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. B. W. CORDES 4236 LENOX AVE. | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c). *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fractured Skull ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Automobile Accident DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH 58165 12-36 | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 21 | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Central Jefferson Mo | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Dec 24 1950 6 P.M. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? Accidentally automobile Colliding | | | |
| 22. I hereby certify that I attended the deceased from INQUEST , 19____, to Dec 25, 1950 that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE Daniel J. Mahon | | | | 23b. ADDRESS St. Louis Mo | | 23c. DATE SIGNED 12/25/50 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | | 24b. DATE DECEMBER 27, 1950 | | 24c. NAME OF CEMETERY OR CREMATORY OAK GROVE CEMETERY | | 24d. LOCATION (City, town, or county) (State) ST LOUIS COUNTY, MO. | |
| DATE REC'D BY LOCAL REG. Dec 25, 1950 | | REGISTRAR'S SIGNATURE Kathleen Merodon | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.R. LUPTON & SONS 7233 DELMAR BLVD. | | | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED 1-4-51

JAN 8 1951

YS MAY 24 1961

JAN 10 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed

Arnold W. Schene

Signed.....
Student Embalmer

Licensed Embalmer No. *3864*

P. O. Address *St. Louis, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.